

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012195

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

98

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico, Mo.</b>		c. CITY OR TOWN <b>Vandalia, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>310 So. Taylor</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Blaine</b> Last <b>Bryant</b>		4. DATE OF DEATH Month <b>May</b> Day <b>4</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-18-86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Madisonville, Mo.</b>	
13a. FATHER'S NAME <b>Charles Bryant</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Bryant</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-05-0200-A</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular occlusion</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>33.2X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b> <b>20 yrs.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>5-20-58</b> to <b>6-4-59</b> and last saw her alive on <b>5-4-59</b> Death occurred at <b>10:55 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>William B. Waters</b>	
22b. ADDRESS <b>112 N. Oak Street</b>		22c. DATE SIGNED <b>5-7-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-7-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri.</b>	
24. FUNERAL DIRECTOR <b>William B. Waters</b>		25. DATE RECD. BY LOCAL REG. <b>May 7-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be stated.

All diseases in Part I must be logically related.

William B. Waters, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *William A. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Dandelia, Ind.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.